


APR 25 2005

PTO/SB/32 (09-04)

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<b>REQUEST FOR ORAL HEARING BEFORE THE BOARD OF PATENT APPEALS AND INTERFERENCES</b>		Docket Number (Optional)  R029 1056						
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____  Signature _____  Typed or printed name _____	In re Application of Michael D. Zoeckler <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Application Number 08/559,704</td> <td style="width: 50%; padding: 2px;">Filed 04/27/2000</td> </tr> <tr> <td colspan="2" style="padding: 2px;">For Paperboard Canons With Laminated Reinforcing Ribbons And Method of Making Same</td> </tr> <tr> <td style="padding: 2px;">Art Unit 3721</td> <td style="padding: 2px;">Examiner Harmon, Christopher R.</td> </tr> </table>		Application Number 08/559,704	Filed 04/27/2000	For Paperboard Canons With Laminated Reinforcing Ribbons And Method of Making Same		Art Unit 3721	Examiner Harmon, Christopher R.
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For Paperboard Canons With Laminated Reinforcing Ribbons And Method of Making Same								
Art Unit 3721	Examiner Harmon, Christopher R.							
Applicant hereby requests an oral hearing before the Board of Patent Appeals and Interferences in the appeal of the above-identified application.  The fee for this Request for Oral Hearing is (37 CFR 41.20(b)(3)) <span style="float: right;">\$ 1000.00</span>  <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: _____  <input type="checkbox"/> A check in the amount of the fee is enclosed.  <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.  <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.  <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>08-0526</u>. I have enclosed a duplicate copy of this sheet.  <input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(b) (PTO/SB/23) is enclosed. For extensions of time in reexamination proceedings, see 37 CFR 1.550.         </div> <div style="width: 15%; text-align: right;">\$ _____</div> </div> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p>								
I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) <input checked="" type="checkbox"/> attorney or agent of record. Registration number <u>46,428</u> <input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. _____								
<div style="text-align: center;">             Signature            Keats A. Quinalty            Typed or printed name  <u>4/25/05</u>            Date            404-879-2423            Telephone number         </div>								
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.								
<input type="checkbox"/> *Total of _____ forms are submitted.								

This collection of information is required by 37 CFR 41.20(b)(3). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11, 1.14 and 41.8. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460.

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<b>REQUEST FOR ORAL HEARING BEFORE THE BOARD OF PATENT APPEALS AND INTERFERENCES</b>		Docket Number (Optional)  R029 1056				
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____  Signature _____  Typed or printed name _____	In re Application of Michael D. Zoecker  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Application Number 09/559,704</td> <td style="width: 50%; padding: 2px;">Filed 04/27/2000</td> </tr> </table> For Paperboard Carbons With Laminated Reinforcing Ribbons And Method of Making Same  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Art Unit 3721</td> <td style="width: 50%; padding: 2px;">Examiner Harmon, Christopher R.</td> </tr> </table>		Application Number 09/559,704	Filed 04/27/2000	Art Unit 3721	Examiner Harmon, Christopher R.
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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.  <input type="checkbox"/> Total of _____ forms are submitted.						

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**FACSIMILE**

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Attorney Number: 1679

TO: Examiner Christopher R. Harmon COMPANY: Commissioner for Patents – Art Unit 3721

FAX: 703-872-9306 PAGES: 11 (including cover)

PHONE: 703-308-8643 DATE: April 25, 2005

RE: U.S. Application Serial No. 09/559,704 ATTORNEY  
DOCKET/REF. NO. R029 1056

ACCOUNTING NO. 38400.0038.8

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In re Application of: Zoeckler et al.

**OFFICIAL**

Serial No.: 09/559,704

Filed: 04/27/2000

For: Paperboard Cartons with Laminated Reinforcing Ribbons and Method of Making Same

Attached in connection with the above-identified patent application are the following:

1. Transmittal Form;
2. Reply Brief and Fig. 3;
3. Request for Oral Hearing – in duplicate.

1201 West Peachtree Street, Suite 3500 Atlanta, GA 30309-3574

Telephone (404) 872-7000

Fax: (404) 888-7490

ATLANTA 446615v1

PTO/SB/21 (08-04)

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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	09/559.704	
	Filing Date	04/27/2000	
	First Named Inventor	Michael D. Zoedder	
	Art Unit	3721	
	Examiner Name	Harmon, Christopher R.	
Total Number of Pages in This Submission	10	Attorney Docket Number	R029 1056

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notes, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Fig. 3 Request for Oral Hearing-in duplicate
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Womble Carlyle Sandridge & Rice, PLLC		
Signature	<i>Keats A. Quinalty</i>		
Printed name	Keats A. Quinalty		
Date	4/25/05	Reg. No.	46,426

CERTIFICATE OF TRANSMISSION/MAILING			
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Signature	<i>Cheryl West</i>		
Typed or printed name	Cheryl West	Date	4-25-05

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